

**FOUNDING MEMBER**   
USD \$500

**BASIC MEMBERSHIP**   
USD \$325

**CORPORATE**   
USD \$2500

**APPLICANTS NAME:** (Fields with \* are required)

Prefix \_\_\_\_\_ First Name \* \_\_\_\_\_ Middle Initial \_\_\_\_\_ Surname/Last Name\* \_\_\_\_\_

Position/Title\* \_\_\_\_\_ Department\* \_\_\_\_\_

Company \* \_\_\_\_\_ Website\* \_\_\_\_\_

Physical Address\* (No. Street, City, State/Province, Zip Code/Post Code, Country)

Mailing Address if different \_\_\_\_\_

Phone\*: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell \_\_\_\_\_

Email\*: \_\_\_\_\_

**PAYMENT METHOD**

Payment made online at [www.iaccs.com](http://www.iaccs.com)

**Credit Card (please circle one)**    VISA    MASTERCARD    DISCOVERY  
Name on Card: \_\_\_\_\_ Card Number \_\_\_\_\_

Expiry Date \_\_\_\_/\_\_\_\_ CVV Code \_\_\_\_\_ Cardholder Signature \_\_\_\_\_

**Cheque: Payable to IACCS-** Please mail cheque to PO BOX 32312, Grand Cayman, KY1-1209, Cayman Islands

**Please Bill Me-** (if needed, your corporate purchase order number) \_\_\_\_\_

**Wire Transfer USD:**    **JP Morgan Chase Bank NA**  
270 Park Ave, New York, NY, USA 10017  
SWIFT BIC: CHASUS33  
CHIPS ABA: 0002  
FEDWIRE ABA: 021000021

**To Credit:** Scotiabank and Trust Cayman LTD, George Town, Grand Cayman, Cayman Islands  
SWIFT Code: NOSCKYKX  
Account Number: 00105843

**For Further Credit to:** IACCS : Beneficiary Account Number: 7003975

**Code of Ethics and Professional Standards – Submit signed document with your application.**

**Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

Email your completed application for to [info@iaccs.com](mailto:info@iaccs.com). We welcome your participation.